

DEPARTMENT OF HEALTH
TOWN HALL, 2 RENSHAW ROAD
DARIEN, CONNECTICUT 06820-5397
TELEPHONE (203) 656-7320
FAX (203) 656-7407



MARGARET M. McLAUGHLIN, M.D., M.P.H.
DIRECTOR OF HEALTH
VINCENT D. PROTO, RS
DIRECTOR OF ENVIRONMENTAL HEALTH
vproto@ci.darien.ct.us

FOOD SERVICE LICENSE APPLICATION

ESTAB.# _____
CLASS _____

FEE _____

NAME OF BUSINESS _____

LOCATION _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____

ESTABLISHMENT TELEPHONE NUMBER _____

OWNER OF ESTABLISHMENT _____

OWNER'S MAILING ADDRESS _____
TOWN STATE ZIP

OWNER'S TELEPHONE NUMBER _____

IF CORPORATION, INDICATE CONTACT PERSON _____

ADDRESS TOWN STATE ZIP

FOR CLASS 3 AND CLASS 4 FOOD SERVICE ESTABLISHMENTS, COMPLETE THE FOLLOWING:

QUALIFIED FOOD OPERATOR (name) _____

APPROVED TEST SOURCE _____

DESIGNATED ALTERNATE (name) _____

PHOTOCOPY AND SUBMIT COPY OF QFO'S CERTIFICATE.

PRINT NAME

This permit issued pursuant to the
Darien Health Ordinance enacted November 12, 1963

SIGNATURE OF OWNER OR OPERATOR

Type of Establishment

- ☐ Restaurant
☐ Deli/Convenience Store
☐ Grocery Store
☐ Caterer
☐ Bakery
☐ Healthcare Institution
☐ Church/Organization
☐ School/Daycare
☐ Other (Specify)_____

Seating Capacity _____

Service Method (check all that apply)

- ☐ Eat In
☐ Buffet/Salad Bar
☐ Take Out
☐ Catering
☐ Catering off Site

Hours of Operation

Mon. _____ Tue. _____ Wed. _____ Thur. _____
Fri. _____ Sat. _____ Sun. _____

Sewage Disposal

- ☐ Public Sewer
☐ Septic System

Grease Trap

- ☐ Indoor
☐ Outdoor
☐ None

Water Supply

- ☐ Public Water
☐ Private Well **

Water Treatment

- ☐ Yes
☐ No

*** If you have checked “**Private Well**”, you **MUST** submit a Water Quality Report with this application. The sample must be taken by a qualified individual and tested by a certified laboratory.*

THE UNDERSIGNED AGREES TO COMPLY WITH THE CONNECTICUT PUBLIC HEALTH CODE. FOR DUE CAUSE, THIS LICENSE MAY BE SUSPENDED BY THE DIRECTOR OF HEALTH.

Authorized Signature _____

For Health District Use Only

Date Payment Received _____ **Check/MO#** _____

Date License Sent _____ **License #** _____